

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

**Application or Docket Number** 

10/524060

|  |   |  |  |                                | 10/224707                                 |                  |                     |                        |                               |                            |                        |
|--|---|--|--|--------------------------------|---|------------------|---------------------|------------------------|-------------------------------|----------------------------|------------------------|
| CLAIMS AS FILED - PART I   |   |  |  |                                |   |                  | SMALL EN            | TITY                   | OTHER THAN<br>OR SMALL ENTITY |                            |                        |
| U.S. NATIONAL STAGE FEES   |   |  | (Column  | 1 1) (Co                       |   | Column 2)        |                     |                        | ı                             | <u> </u>                   | _                      |
| U.S  | . NATIONAL S  | SIAGE FEES                                     | <del>                                     </del>                 |                                | <u> </u>                                  |                  | RATE                | FEE                    |                               | RATE                       | FEE                    |
| BAS  | IC FEE  |  | SMALL ENT. = \$ 150  |                                | LARGE ENT. = \$ 300                       |                  | BASIC FEE           | 15 D                   | OR                            | Basic fee                  |                        |
| EXAMINATION FEE  |   |  | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100                 |                                | All other situations = \$100 / \$200      |                  | EXAM. FEE           | 100                    |                               | EXAM. FEE                  |                        |
| SEARCH FEE   |   |  | U.S. is ISA = \$50/\$100<br>ALL other countries =<br>\$200/\$400 |                                | All other situations =<br>\$ 250 / \$ 500 |                  | SEARCH FEE          | <b>300</b>             |                               | SEARCH FEE                 |                        |
| FEE  | FOR EXTRA S   | PEC. PGS.                                      | minı   | us 100 =                       | /50 ÷                                     |                  | X \$ 125 =          |                        |                               | X \$ 250 =                 |                        |
| τοτ  | AL CHARGEA  | BLE CLAIMS                                     | 24 min   | nus 20 =                       | ٠ ५                                       |                  | X \$ 25 =           | 75                     | OR                            | X \$ 50 =                  |                        |
| IND  | EPENDENT CL   | AIMS   | \ m  | inus 3 =                       | •   |                  | X \$ 100 =          |                        | OR                            | X \$ 200 =                 |                        |
|  |   | DENT CLAIM PR                                  |  |                                |   |                  | + \$ 180 =          |                        | OR                            | + \$ 360 =                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |   |  |  |                                |   | TOTAL            | 525                 | OR                     | TOTAL                         |                            |                        |
| 9  | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST |  |  |                                |   |                  | SMALL               | SMALL ENTITY           |                               | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A  |   | REMAINING<br>AFTER<br>AMENDMENT                |  | PREVIO<br>PAID                 | BER<br>OUSLY                              | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total   | • 24   | Minus  | - 2                            | 4   | = _              | X \$ 25 =           |                        | OR                            | X \$ 50 =                  |                        |
|  | independent   | • /  | Minus  | ••• 6                          | 7   | = _              | X \$ 100 =          |                        | OR                            | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                |  |  |                                |   |                  | + \$ 180 =          |                        | OR                            | + \$ 360 =                 |                        |
|  |   |  |  |                                |   |                  | TOTAL ADDIT.<br>FEE |                        | OR                            | TOTAL ADDIT.               |                        |
|  |   | (Column 1)                                     |  | (Colur                         | nn 2)                                     | (Cołumn 3)       |                     |                        |                               | , ,                        |                        |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>· AFTER<br>AMENDMENT    |  | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY                              | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total   | •  | Minus  | 99                             |   | 2                | X \$ 25 =           |                        | OR                            | X \$ 50 =                  |                        |
|  | Independent   | •  | Minus  | ***                            |   | 2                | X \$ 100 =          |                        | OR                            | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                |  |  |                                |   |                  | +\$ 180 =           |                        | OR                            | + \$ 360 =                 |                        |
|  | <u> </u>  |  |  |                                |   |                  | TOTAL ADDIT.<br>FEE |                        | OR                            | TOTAL ADDIT.               |                        |
|  |   |  |  |                                |   |                  |                     |                        |                               |                            |                        |
|  | Milha anto-to-  |  |  |                                |   |                  |                     | •                      |                               |                            |                        |
|  |   | imn 1 is less than the<br>imber Previously Pai |  |                                |   |                  |                     |                        |                               |                            |                        |

If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.